

***This portion MUST be returned with your payment to ensure proper credit. THANK YOU***

ACCOUNT BILLED
A G HOLD, ASSOCIATES

PROJECT NAME <i>CLAIM 35K</i>
CLAIM 35K

PROJECT ID
S410013 ✓

DUE DATE	ANNUAL FEE	AMOUNT DUE
07/25/2003	\$ 150	\$ 150

TAX ID OR SOCIAL SECURITY #

<input type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

<i>Change of Address</i>	
Contact	_____
Address	_____ _____ _____
E-Mail Address	_____
State	_____ Zip
Phone	_____

DIVISION OF OIL GAS AND MINING  
1594 WEST NORTH TEMPLE SUITE 1210  
PO BOX 145801  
SALT LAKE CITY UT 84114-5801

**RECEIVED**  
**AUG 01 2003**  
**DIV. OF OIL, GAS & MINING**

*Please make check payable to:*  
**Division of Oil, Gas and Mining**

*VB*